



Prudential

FITNESS FOR DUTY

Patient Name:
Claim Number:

Fitness for Duty Form

This Fitness for Duty Form must be completed by your health care provider and submitted to WSP through [Horizon](#) via People Connection Service Request before you return to work. If you cannot access Horizon during your absence, you can send the form by emailing uspeopleconnection@wsp.com

This section is to be completed by the EMPLOYEE	
Employee Name:	Employee ID:
Division:	
Date Leave Began:	Return to Work Date:
I understand that I cannot return to work without a release from my health care provider.	
Employee's Signature:	Date:

This section is to be completed by the HEALTH CARE PROVIDER	
I have examined the employee named above and certify that this person is medically able to resume working on:	
<input type="checkbox"/> With No Restrictions This employee can return work: <input type="checkbox"/> With Restrictions (outline details below)	
If the employee is returning with restrictions, state in detail the employee's restrictions and the duration of the restriction:	
Signature of Health care Provider:	Date:
Name of Health care Provider (Print):	
Address of Health care Provider:	
Phone Number of Health care Provider:	